11. (Amended) The method of claim 2, wherein the antibody is a humanized antibody.

12. (Amended) The method of claim 2, wherein the antibody is a chimeric antibody.

13. (Amended) The method of claim 2, wherein the antibody is a mouse antibody.

B2 Cont

14. (Amended) The method of claim 2, wherein the antibody is a polyclonal antibody.

15. (Amended) The method of claim 2, wherein the antibody is a monoclonal antibody.

20. (Amended) The method of claim 2, wherein the antibody is a Fab fragment.

21. (Amended) The method of claim 2, wherein a chain of the antibody is fused to a heterologous polypeptide.

22. (Amended) The method of claim 2, wherein the dosage of antibody is at least 1 mg/kg body weight of the patient.

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23. (Amended) The method of claim 2, wherein the dosage of antibody is at least 10 mg/kg body weight of the patient.

24. (Amended) The method of claim 2, wherein the antibody is administered with a carrier as a pharmaceutical composition.

29. (Amended) The method of claim 2, wherein the antibody is a human antibody to Aβ prepared from B cells from a human immunized with an Aβ peptide.

B4

B5

31. (Amended) The method of claim 2, wherein the antibody specifically binds to Aβ peptide without binding to full-length amyloid precursor protein (APP).

68. (New) The method of claim 1, wherein the antibody specifically binds to Aβ peptide in an amyloid deposit.

69. (New) The method of claims 1 or 68, wherein the dosage of antibody is at least 1 mg/kg body weight of the patient.

70. (New) The method of claim 1, wherein the antibody is administered on multiple occasions.

71. (New) The method of claim 1, wherein the intervals between single dosages is once every week, once per every two weeks, once a month, once every 3 to 6 months, or yearly.

72. (New) The method of claim 1, wherein the intervals are irregular as indicated by measuring blood levels of Aβ in the patient.

B6

73. (New) The method of claim 1, wherein administration of a further dosage of antibody is administered when the level of the antibody has declined to baseline measurement of the antibody in the patient before administration of the antibody.

74. (New) A method of preventing or treating a disease characterized by amyloid deposit comprising Aβ peptide in a patient, comprising administering to the patient an antibody that specifically binds to Aβ peptide, in a regime effective to prevent or treat the disease, wherein the dosage of antibody is at least 1 mg/kg body weight of the patient.

75. (New) The method of claim 74, wherein the antibody specifically binds to Aβ in an amyloid deposit.

76. (New) The method of claim 74 or 75, wherein the antibody is administered on multiple occasions.

77. (New) The method of claim 76, wherein the intervals between single dosages is once every week, once per every two weeks, once a month, once every 3 to 6 months, or yearly.

78. (New) The method of claim 76, wherein the intervals are irregular as indicated by measuring blood levels of Aβ in the patient.

79. (New) The method of claim 76, wherein administration of a further dosage of antibody is administered when the level of the antibody has declined to baseline measurement of the antibody in the patient before administration of the antibody.

B6 Cont

80. (New) The method of claim 1, wherein the antibody is a human antibody or a humanized antibody, and the antibody binds an epitope within residues 1-10 of Aβ.

81. (New) The method of claim 74, wherein the antibody is a human antibody or a humanized antibody, and the antibody binds an epitope within residues 1-10 of Aβ.

REMARKS

Claims 1-2, 4-8, 10-24, 29-32, 56-58, and 60-81 are pending. New claims 68-81 have been added, and claims 3, 9, and 59 have been canceled. Canceled claim 9 depended from claim 2. Claims 25-28 and 33-55 have been withdrawn from consideration.

Applicant thank the Examiner and her supervisor, Gary Kunz, for the interview conducted June 27, 2002. In accordance with the discussion at the interview, claim 1 is being amended to recite a functional element, namely, that administration of antibody results in a reducing Aβ levels in the brain. As mentioned to the Examiner in a subsequent telephone interview, applicants are also adding a second independent claim, claim 74, that recites further particulars of the dosage regime of antibody administered.

As discussed in the interview of June 27, 2002, the Assignee of the instant application is a licensee of U.S. Patent No. 5,688,651, which is directed in part to subject matter related to the instant application. U.S. Patent No. 5,688,651 is now undergoing examination reissue as Application No. 09/441,140. U.S. Application No. 09/441,140 is cited in the